

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097890585

FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2		1				
3	2		1			
4	1		1			
5	1		1			
6	1		1			
7	1		1			
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TOTAL IND.			1			
TOTAL DEP.		1		1		
TOTAL CLAIMS			10			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					